

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

APPLICATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 NOV 19 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000090717

1. Corporation Name

DOVE LIGHTING SUPPLY BRANCH ONE, INC.

Principal Place of Business

Mailing Address

C/O BOB VECHIOLA
6503 NORTH MILITARY TRAIL #1403
BOCA RATON FL 33496

C/O BOB VECHIOLA
6503 NORTH MILITARY TRAIL #1403
BOCA RATON FL 33496



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65079 2505

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3 (Do NOT Use Post Office Box Numbers)	4
D	VECHIOLA, BOB	6503 N. MILITARY TRAIL #1403	BOCA RATON FL 33496

500002700855--1
-12/02/98-01093-011
***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VECHIOLA, BOB
6503 NORTH MILITARY TRAIL
SUITE 1403
BOCA RATON FL 33496

Name
ROBERT VECHIOLA
Street Address (P.O. Box Number is Not Acceptable)
6503 N. MILITARY TRAIL
Suite, Apt. #, Etc.
#1403
City
Boca Raton
State
FL
Zip Code
33496

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-12-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-12-98 561 998 8585

Date Daytime Phone #

2012

DIVISION OF CORPORATION

I have Enclosed A Check for \$150.00

THIS IS THE FIRST NOTICE CONCERNING THE
STATE THAT I HAVE RECEIVED.

THANK YOU FOR YOUR COOPERATION.

Sincerely
ROBERT VALLBOM